

THE ASSISTANT COMMISSIONER OF PATENTS Washington, D.C. 20231

EU189967872US

DOCKET NUMBER: AUS920010775US1
DATE: 0-1/14/02
Assignee Name: International Business Machines Corp.

Assignee Residence: Armonk, New York

Sir:

Transmitted herewith for filing is the Patent Application of:

Inventor(s): Yvonne Watters Booth, et al.

For: METHOD AND SYSTEM FOR TRACING MISSING NETWORK DEVICES USING HARDWARE FINGERPRINTS

02-19-02

Enclosed are:

<u>X</u> Patent Specification

Drawings - Three (3) sheets <u>X</u>

<u>X</u> Declaration and Power of Attorney

An assignment of the invention to International Business Machines Corporation (includes Recordation Form Cover Sheet). <u>X</u>

<u>X</u> Return Postcard

A certified copy of an application No., dated.

Information Disclosure Statement, PTO 1449 and copies of references (AA-AD).

The filing fee has been calculated as shown below:

For	Number Filed			Number Extra		Rate		Fee
Basic Fee						<u> </u>		\$740.00
Total Claims	20	-	20	0	X	\$18.00	=	\$0.00
Indep. Claims	3	-	3	0	X	\$80.00	=	\$0.00
MULTIPLE DEPEN	0	Х	\$270.00	=	\$0.00			
						TOTAL		\$740.00

X Please charge IBM Corporation Deposit Account No. 09-0447 in the amount of \$740.00 A duplicate copy of this sheet is enclosed. X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any

overpayment to IBM Corporation Deposit Account No. 09-0447. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By: Leslie A. Van Leeuwen, Attorney of IBM

Registration No. 42,196

Intellectual Property Law Dept.

IBM Corporation

11400 Burnet Road, Zip 4054

Austin, Texas 78758

Telephone (512) 823-6746

ľ



POST OFFICE TO ADDRESSEE



ORIGIN (POSTAL USE		DELIVERY (POSTAL USE ONLY)							
PO ZIP Code	Day of Delivery	Flat Rate Envelope	Delivery Attempt	Time	Employee Signature				
	Next Second		Mo. Day	□AM □PM					
Date in	Total Country	Postage	Delivery Attempt	Time	Employee Signature				
Mo. Day Year	12 Noon 3 PM	\$	Mo. Day	AM PM					
Time In	Military	Return Receipt Fee	Delivery Date	Time	Employee Signature				
□AM □PM	2nd Day 3rd Day		Mo. Day	□ AM □ PM					
Weight	Int'l Alpha Country Code	COD Fee Insurance Fee	1 Thursday Control		ditional merchandise insurance is void if waiver of				
			signature is requested	LI wish delivery to be made	e without obtaining signature of artriessee or artriessee's				
No Delivery	Acceptance Clerk Initials	Total Postage & Fees	employee's signature of	ree pages that argicle can institutes valid proof of del	be left in Secure location) and I authorize that delivery Nery.				
Weekend Holiday		\$	NO DELIVERY Weekend Holiday						
		V			Customer Signature				
CUSTOMER USE ONL	Υ								
METHOD OF PAYMENT Express Mail Corporate Acct. No		Federal Agency Acct. No. or Postal Service Acct. No.							
; i		T OSCI CO PROCE NO.							
FROM: (PLEASE PRINT)	893-1014	TO: (PLEASE PRINT)	TO: (PLEASE PRINT) PHONE ()						
marth	ra acosta	٦	U.S. Patents Trademark						
18m	Corporation			3 Com					
1 - 2 L	Corporation)Y)	office						
	tual Proper	4. 1.	P.O. Box 2327						
- 12/16(SI DIMI LIOPE	my raw	arlington VA Lattn: Box Patent apps 1						
11400	Burnet R		ar unaton VA						
11400		Q	Lattn' Box Optent Good						
4 UST	7, Tx 78	フco)	ZIP+4						
	7 10	<i>'</i> 26'							
_		_	9 7	503	4 +				
					7 , 7 , 7 , 7				
PRESS HARD.	FOR BIOVUR OF	TD SOLUTION OF LINE	20.000.4044		======				
Volume making 3 copies FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com									